

I, as parent/guardian, understand that I will not be charged for any of the services provided through the health center. I also understand that Richardson Medical Center School Based Health Clinic or the physician may bill Medicaid or other insurance providers for these services. I authorize/assign payments of authorized benefits directly to Richardson Medical Center School Based Health Clinic.

We (student and parent/guardian) have read and understand the services to be offered at the school health center. We both give permission for this student to receive the services offered by the program.

We also understand that the school health center is operated by Richardson Medical Center and its employees and contractors and operate in cooperation with Richland Parish School Board.

**Confidentiality:** All medical and mental health records are confidential and will be maintained as directed by the Health Insurance Portability and Accountability Act (HIPPA). We consent to the exchange of relevant health information (including physical exams, health histories and other information) between the clinic staff, the parish school nurse, my personal physician and upon referral for medical care as needed in order to facilitate evaluation of this student's health needs, special education multidisciplinary evaluations, disciplinary referrals, attendance records and immunization records.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Signature of Student

Printed Name of School Health Witness/Verify

Signature of School Health Witness/Verify

Relationship:

Date:

Date:

Position:

Date:

This consent may be withdrawn or modified at any time with written permission of the parent/guardian and student to the entity referred to above. A duplicate copy of this document will be given to parents or guardians upon request.

Louisiana state law prohibits health centers in schools from:

1. Counseling or advocating abortion or referral of any student to an organization for counseling or advocating abortion.
2. Distributing any contraceptive or abortifacient drug device, or similar product.

To report violations of the prohibitions against abortion counseling, advocacy, or referral; or distribution of contraceptives, abortifacient drugs, devices, or other similar products, contact the Adolescent School Health Program at the Office of Public Health at 504-219-4419.